



# SUGGESTED AFFIRMATIVE STATEMENT FOR ADOPTION OF THE VANTAGECARE RHS EMPLOYER INVESTMENT PROGRAM (EIP)

Plan Number: 8 03677

Name of Employer: City of Elk Grove State: CA

Affirmative Statement of the above-named Employer (the "Employer"):

WHEREAS, the Employer has employees rendering valuable services; and

WHEREAS, the Employer has determined that the provision of retiree health benefits for such employees serves the interests of the Employer by enabling it to provide reasonable security regarding such employees' health needs during retirement, by providing increased flexibility in its personnel management system, and by assisting in the attraction and retention of competent personnel; and

WHEREAS, the Employer has determined that the establishment of the retiree health savings plan (the "Plan") serves the above objectives;

NOW THEREFORE, as a duly authorized agent of the Employer, I hereby:

ESTABLISH the Employer's Plan in the form of the ICMA Retirement Corporation's VantageCare RHS Employer Investment Program; and

SPECIFY that the assets of the Plan shall be held in trust, with the following entity or individual serving as trustee (Select one):

- the Employer
- the following position within the Employer: \_\_\_\_\_  
(insert title of individual acting as trustee)
- the following group or committee within the Employer: Retirement Committee  
(insert group or committee acting as trustee)
- the following third-party trustee: \_\_\_\_\_  
(insert name of third-party trustee)

for the exclusive benefit of Plan participants, their survivors and their beneficiaries, and the assets of the Plan shall not be diverted to any other purpose prior to the satisfaction of all liabilities of the Plan. The Employer has executed the Declaration of Trust of the City of Elk Grove (name of Employer) Integral Part Trust in the form of: (Select one)

- The model trust made available by the ICMA Retirement Corporation
- The trust provided by the Employer (executed copy attached hereto).

SPECIFY that the Retirement ~~Trust~~ Committee Chair (use title of Employer's official, not name) shall be the coordinator and contact for the Plan and shall receive necessary reports, notices, etc.

DATE: 12/5/16

Jason Belermann, Ret. Committee Chair  
(Title of Designated Agent)

(Signature)